

Champion Learning Center (CLC) LLC. 3055 Old Hwy 8, Suite 190 Saint Anthony, MN 55418 TEL: 612-345-7659 FAX NUMBER: 612-605-6300

## **ENROLLMENT & INTAKE CHECKLIST**

Child Name:
Parent/Guardian(s):
Parent/Guardian Contact:
Desired Services: In-home Center-Based
Interpreter requested: Yes No Which Language:
Intake Date:
Intake Time:
Location: Champion Learning Center
Location. Champion Learning Center
Enrollment Process:
-Intake Forms
Intake/Referral Form
Medical Record
Release(s) of information
MNITS Confirmation
Diagnostic Assessment
Individualized Education Plan (IEP)
ITP/Signatures
CMDE/Signatures
Other:

## **Provider Notes:**



## **Consent for Release of Confidential Information**

Date: \_\_\_\_\_ Child's Name:

Date of Birth:

Parent/Guardian/Caregiver Name:

I hereby give my informed consent for the following individual/entity:

to release and exchange the following information with Champion Learning Center for the sole purpose of care and coordination and treatment planning services.

The information being requested includes (please circle):

Psychological reports and testing Diagnostic Assessment(s) Medical Record/Most recent well-child check Transition and Discharge Summary Initial Individual Education Plan and updates Comprehensive Multidisciplinary Evaluations (CMDE) Individual Treatment Plans (ITP) Consumer Support Plans (CSP) Other (specify):

## This consent expires one year from the date signed unless consent is withdrawn before that date.

By signing I acknowledge that I have been informed as to who will receive the information, what information will be released/exchanged, and what the information will be used for. I understand that information will not and cannot be released without my consent. The information that will be released is private and confidential. All information being released/exchanged in governed by the Minnesota Government Data Privacy Act (Minn. Stat. Chap 13, as amended) and the Health Insurance Portability and Accountability Act (HIPPA). I understand that I may withdraw my consent at any time by giving written notice.

(Parent/guardian/caregiver Signature)